

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Facility Information**

**Facility Name:** CLARITY CARE BOWEN STREET HOUSE (410063)

**Address:** 2910 BOWEN ST, OSHKOSH, WI 54901

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/1987

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0093753      **End Date:** 11/30/2004      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0093520      **End Date:** 10/11/2004      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10007035    Served 10/29/2004

Deficiencies Cited  
83.53(1)(a)

Subject Area  
NUMBER & TYPES OF EXITS & PASSAGEWAYS

Compliance  
Verified

Corrected

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